ABSTRACT

Laparoscopic cholecystectomy is the 'gold standard' treatment for symptomatic cholelithiasis. Advantages over open cholecystectomy being less pain, early ambulation, shorter hospital stay and lower incidence of incisional hernia. The condition of the patient, the level of experience of the surgeon, and technical factors all play a role in the decision for conversion. This study was conducted in an effort to determine the conversion rate and also identify the factors responsible for conversion to open cholecystectomy. These findings will allow us to preoperatively discuss the higher risk of conversion and allow for an earlier judgement and decision on conversion if intra-operative difficulty is encountered. A total of 50 patients presenting with symptomatic gallstone disease without choledocholithiasis between April 2014 and September 2014 admitted in Govt Royapettah Hospital and Kilpauk Medical College Hospital were included in the study. Every patient were subjected to the following assessments regarded as risk factors for laparoscopic cholecystectomy: patients' chracteristics, complaints, history ,clinical examination, radiological investigations, laboratory data and operative findings. The results were that gallstones were more common in females and usually seen in the 3rd-4th decades of life. The most common chief complaint is pain in the right-hypochondrium. The mean operation time was 80.7minutes and the average length of post-operative hospital stay was 5.7days. Out of 50 patients studied, 6 cases were converted to open cholecystectomy (12 %). Conversion was more common in diabetic patients and in acute cholecystitis.Ultrasound finding suggestive of thickened gall bladder wall was a good indicator of conversion. In conclusion we encountered a conversion rate of 12% which is comparable with other studies. Therefore laparoscopic cholecystectomy is a safe and minimally invasive technique, with only low conversion rate and

the commonest cause of conversion in this study was the presence of dense adhesions at Calot's triangle.

KEYWORDS:

Laparoscopic cholecystectomy; Open cholecystectomy; Conversion rate .